

Post Hospital Course for Vietnam Vets with PTSD

In a 6 year follow up study of hospitalized Vietnam Vets with Posttraumatic Stress Disorder (PTSD), VISN 1 MIRECC researchers found reduced substance abuse and violence but increased PTSD symptoms and high death rates. Veterans had participated in an intensive 15 week inpatient program in a specialized VA PTSD treatment unit that was considered state of the art in the 1980's-1990's. In this group of veterans, this treatment took place when the average patient was 42 and had already experienced PTSD symptoms for over 15 years. Research by MIRECC researcher Robert Rosenheck has conclusively shown that this kind of intensive inpatient PTSD treatment is ineffective. This work has been a major factor in VA's eliminating most such programs and allocating increased resources to outpatient PTSD treatment. The current study is one of only a handful that look at the long term course of PTSD, many years following the initial traumatic events. The results present a picture of chronic PTSD as a condition that continues to have a major impact throughout the lifetime. The major positive findings were reduction in drug use, alcohol use and violent behavior, all of which tend to improve when men reach their later 30's and early 40's. Unfortunately, these improvements were offset by increased anxiety and arousal symptoms, such as flashbacks and nightmares. Most alarmingly, in a 6 year period 17% had died, a figure that is 5 times the death rate in the general population. The causes of death were dominated by drug overdose, suicide and motor vehicle accidents, all of which are related to PTSD. Also, nearly three-fourths of the patients needed to be re-hospitalized over the 6 year period after discharge from the inpatient program. These results bring home the guarded prognosis for PTSD when symptoms have endured for many years prior to a hospital stay. The past 30 years has seen dramatically increased recognition of the importance of PTSD and improved methods for diagnosis and treatment. Newer treatment models will attempt to prevent this kind of chronic course by emphasizing early recognition and intervention. MIRECC researcher Robert Rosenheck was the senior team member for this research group that included VA researchers David Read Johnson, Alan Fontana, Hadar Lubin and Barbara Corn.